



# Review of Wisconsin County Child Welfare Practice 2006-2010

Prepared by:  
Office of Performance and Quality Assurance  
Bureau of Performance Management  
Continuous Quality Improvement Section

February 2011

## **1. Purpose**

Wisconsin's Continuous Quality Improvement (CQI) program, in partnership with tribal and county child welfare systems, provides quality information to improve child welfare case practice to benefit children and families in our state. The purpose of the CQI section's child welfare reviews is to learn what's working, what's not working, and most importantly, why. CQI staff use four Quality Service Review (QSR) protocols to appraise practice and evaluate the effectiveness of local services for children and their families. The QSR process involves in-depth case reviews, interviews with key stakeholders, and feedback sessions with focus groups. The results are used by counties and the state to create and implement post-QSR action plans, enhance local practice, develop statewide policy, and target training and technical assistance to improve outcomes for children and families at the local level.

## **2. Continuous Quality Improvement**

The Continuous Quality Improvement program was developed in response to the 2003 federal Child and Family Services Review and its subsequent program improvement plan. Wisconsin was required to develop a quality assurance program for child welfare that focused on improving safety, permanency and well-being outcomes for children and their families. The Ongoing QSR protocol was developed to identify areas in county agency practice that are contributing to positive outcomes and those where improvement in practice is needed. The Ongoing protocol was significantly revised a year after its inception and provided the springboard for development of subsequent protocols in the areas of Post-Termination of Parental Rights (TPR)/Adoption, Access and Initial Assessment (IA). To date, CQI staff have conducted 68 reviews. Fifty-seven of the ongoing services reviews have been conducted jointly with Wisconsin's Children's Court Initiative (CCI). This Initiative resulted from the federal Court Improvement Project and expanded the QSR reviews by offering an in-depth understanding of court operations.

## **3. Findings/Observations**

### **3.1. Access and Initial Assessment**

The purpose of the Access and Initial Assessment (IA) reviews is to analyze the critical decision points in a case at the point of and following the receipt of an allegation of maltreatment. Introduced in June 2010, the Access QSR protocol has been applied in six counties with a total of 102 cases reviewed. Also introduced in June 2010, the IA QSR protocol has been applied in the same six counties with a total of 40 cases reviewed. The Access and IA reviews have a foundation in the Access/IA Standards with a qualitative focus on best practice.

- Over three-fourths of cases reviewed met the timeframes for screening, assignment to Initial Assessment, and face-to-face contact.
  - Eighty-two percent of Access reports were screened within the 24-hour timeframe.
  - Eighty-five percent of screened-in cases were assigned to Initial Assessment within the 24-hour timeframe.
  - In eighty-three percent of cases, the initial face-to-face contact occurred within the required timeframe.

- Only one-third of Initial Assessments were completed within the 60 day timeframe. High caseloads and eWiSACWIS documentation requirements were cited as the primary barriers to completion.
- Only two of the six counties reviewed, Dane and Fond du Lac, gathered adequate information around child and adult functioning needed to identify underlying needs and possible impending dangers.
- Promising Practice: Supervisors in both Dane and Fond du Lac Counties developed an Initial Assessment guide which outlines the information to be gathered, assessed, and documented. The use of this guide supports workers in gathering the necessary information to identify underlying needs and possible impending dangers.

### 3.2. Ongoing Child Welfare

The purpose of the review of ongoing case practice is to check for child safety and appraise the agency's ability, using local resources, to achieve federal and state performance standards for permanency and well-being. The revised Ongoing QSR protocol was introduced in November 2006 and has been applied in 49 counties with a total of 512 cases reviewed. Four counties have experienced two reviews using this protocol.

- The majority of counties do not utilize a best practice model beyond the guidance provided in the *Ongoing Child Protective Services Standards and Practice Guidelines (2002)*. Use of a standard practice model, as compared to a best practice model, limits caseworker efforts to effect change and achieve positive outcomes for children and families.
  - A trust-based relationship is essential to the change process. Caseworkers have developed trust-based working relationships with 90 percent of the children and three-quarters of the mothers. Comparatively, caseworkers developed working relationships with half of the fathers.
  - Teaming is a practice strategy for bringing people together to plan and organize effective supports and services that drive a change process for children and families. In half of the cases reviewed, appropriate teams were formed and were adequately functioning. In those cases, teaming enhanced the understanding and ability of the team to pursue the changes necessary for safe case closure.
  - Cases that lacked in-depth, ongoing assessments challenged the caseworkers' and families' efforts to gain a comprehensive understanding of family strengths and needs.
  - Caseworkers struggle to develop behaviorally-specific and measurable goals to assist families in achieving the change needed to achieve safe case closure.
- The overwhelming majority of guardians ad litem do not see the children they represent prior to court hearings. Limited or inadequate contact between the child and the guardian ad litem hindered the effectiveness of their advocacy on behalf of the child's best interest.
- Access to mental health services for children was a need in nearly all counties reviewed, particularly in more rural areas of the state. Services existed in larger counties but were inaccessible due to lengthy waiting lists for children with Medical Assistance. In smaller counties, the distance travelled by families to reach service providers was the primary barrier to accessing mental health services. All counties have a need to expand capacity related to child psychiatrists.

- Promising Practice: Brown, Fond du Lac, and Outagamie Counties have developed innovative programs to meet the dental health needs of children in their service areas. For example, Fond du Lac County allocates funds to supplement children's dental care through the Save a Smile program.
- Promising Practice: LaCrosse County has developed and implemented a partnering model of practice to address higher needs cases, such as cases with numerous children involved, challenging familial problems, or higher needs children. Additionally, senior workers are paired with junior workers to assist them in building knowledge and skill in the area of child welfare.

### 3.3. First and Second QSR Comparison

Four counties have been reviewed two times using the revised Ongoing QSR protocol: Milwaukee and Racine in 2009 and Fond du Lac and Brown Counties in 2010. While the number of counties reviewed a second time is small, the following patterns of practice have emerged.

- Fond du Lac and Milwaukee Counties demonstrated measurable improvements in how they actively involved mothers in case planning. This provides mothers the opportunity to have a central and directive role in the decisions made on behalf of their children and family.
- Fond du Lac County showed a substantial improvement in fathers' level of participation in case planning and decision making on behalf of their children and family. There was no evidence to indicate that practice improved in the three remaining counties.
- Two of the four counties identified teaming as a practice area for improvement following their first QSR; however, there was no notable improvement in their teaming practice in subsequent reviews.
- Brown and Racine Counties improved the quality of case plans for parents by including measurable and specific goals that focused on behavioral outcomes to guide the change process.

### 3.4 Post Termination of Parental Rights/Adoption

The purpose of the review of post termination of parental rights (TPR) cases as they move to adoption is to appraise the practice model and outcomes as jurisdiction of a child moves from the county to a private adoption agency. Children in Wisconsin who experience TPRs and subsequent adoptions rely on three systems: 1) The county agency which provides foster care and other services to the child's family of origin until a TPR is granted; 2) The state-contracted adoption agency which is awarded legal custody and case management responsibilities at the time of TPR and; 3) A Department of Children and Families (DCF) permanency consultant who assists the county in permanency planning and eventual transfer of the case to the adoption agency. Introduced in December 2007, this QSR protocol has been applied 18 times in 17 counties with a total of 54 cases reviewed.

- In 96 percent of cases reviewed, children were placed with pre-adoptive families who were determined to be committed and well-equipped to provide for the child's needs over time.
- Many child cases reviewed involved a child who was placed apart from one or more birth siblings. In those cases, siblings were maintaining relationships through some form of contact only half of the time. Maintenance of relationships requires negotiation on the part

of all involved, yet how to maintain these relationships is often unresolved at the time the adoption is finalized.

- Transitioning a child's case from the county to the adoption agency after the TPR was completed was seen as a systemic challenge. Historical and current information about the child and birth family was not always shared when case management responsibilities transferred from county to adoption agency. This information is vital to efforts to complete an enduring adoption.
- Promising Practice: The Bureau of Milwaukee Child Welfare (BMCW) assigns an adoption worker before the TPR to work as a member of the child's team, which allows for more sharing of the child's life information and preparation for adoption before the TPR. This has shortened the time from TPR to adoption finalization in the BMCW compared to the balance of the state.
- Promising Practice: In La Crosse and Eau Claire Counties, post-QSR action plans have instituted the creation of transitional meetings and permanency teams at the time of TPR to address the issues of transfer of the case management responsibilities for the child.

### 3.5 Indian Child Welfare Act

The purpose of the Indian Child Welfare Act (ICWA) review is to ensure compliance with requirements related to the identification of American Indian children, proper tribal notification, and tribal placement preferences. Introduced in June 2010, the ICWA compliance instrument has been applied in four counties with a total of 19 cases reviewed.

- Only thirty percent of the time, there was adequate Access and Initial Assessment documentation.
- In almost all cases where children were identified as having American Indian heritage, the case workers completed all required forms and made efforts to notify tribes.
- In three counties, Dane, Fond du Lac and Brown, ongoing workers varied in their understanding of all ICWA requirements, which diminished the consistency and quality of communication with tribes over the lives of the cases.
- Promising Practice: Agency staff in all four counties cited Wisconsin's Indian Child Welfare Act Roundtables or the Case Practice with American Indian Tribes training offered through the Wisconsin Child Welfare Training System as improving their knowledge of ICWA requirements.

### 3.6 Prevalence of Trauma

A notable observation during the first three years of reviewing ongoing cases was the high number of parents and children exposed to trauma inducing experiences. Trauma exposure can have a negative impact on social functioning, physical health and mental health over an individual's life, as evidenced in the 514 cases reviewed between 2006 thru 2010.

- In one half of the cases, one or both parents were diagnosed with a mental health and/or an addictive disorder.
- One third of the children were diagnosed with a mental health disorder and one fifth with a behavior disorder.

Parents and children who are exposed to trauma are best served by trauma informed systems of care. To better understand the types and frequency of trauma among parents and children in the child welfare system, the CQI section added a Trauma Questionnaire to supplement the study of ongoing cases in February 2008. To date, data from 349 ongoing cases has been gathered.

- Eighty-seven percent of children between birth and 17 years old and seventy-nine percent of birth mothers were exposed to at least one type of trauma inducing event. The most commonly occurring trauma types include neglect, an impaired caregiver, domestic violence, physical and emotional abuse, sexual abuse and assault.
- The majority of children experienced more than one type of trauma and most children and mothers experienced the same type of trauma multiple times.
- More than half of the trauma-exposed children experienced neglect or an impaired caregiver (e.g. addiction, mental health disorder) and over half of the trauma-exposed mothers were victims of sexual abuse or sexual assault.
- Improved identification of trauma is an area for practice improvement. Just under half of the caseworkers were fully aware of the child's trauma history and only one fifth of the caseworkers knew all the trauma history of the exposed mothers.
- Incorporating known trauma histories into assessments and into case planning is a challenge for caseworkers. Half of the case plans for children and one quarter of the case plans for mothers took trauma into consideration in the assessments and provided services.
- Access to trauma informed mental or behavioral health care services for children was a need in nearly all counties reviewed. In those counties with these specialized services, the demand exceeded supply.
- The supply of trauma informed services was greater for adults but nevertheless, access to these services was limited..
- Promising Practice: A residential trauma informed addiction treatment program for mothers and their children was available in Milwaukee.